

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								
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49								
50								
TOTAL IND.	1							
TOTAL DEP.	5	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	6	↓	↓	↓	↓	↓	↓	↓